





Questions?

Visit [ally.com/auto](http://ally.com/auto) or call 888-925-ALLY (2559)

Statement reflects payment(s) received through: 05/19/17

## Account Summary

## Next Payment

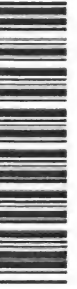
Due Date: ..... 06/10/17  
Monthly Amount: ..... \$411.23

## Past Due Payments

## Other Unpaid Amounts

Late Charge: ..... \$0.00  
Miscellaneous: ..... \$0.00  
Extension Fee: ..... \$0.00

Total: ..... \$411.23      Total: ..... \$0.00      Total: ..... \$0.00

**STATEMENT TOTAL: \$411.23**

Due Date	Scheduled Payment	Date Paid	Unpaid Balance	Finance Charge	Late Charge	Other Charge	Total Paid
05/10/17	411.23	04/12/17	143.79	267.44	0.00	0.00	411.23

## Account Information



## Important Account Message

REMAINING UNPAID BALANCE \$14,889.13. THIS AMOUNT DOES NOT INCLUDE FINANCE CHARGES AND OTHER UNPAID AMOUNTS. PLEASE CALL US FOR YOUR PAYOFF.

Saving for a big purchase? No need to switch banks. Just open an Ally Bank Online Savings Account - you'll earn interest rates that are among the most competitive in the country. Plus, there's no minimum balance to open and no monthly maintenance fees. To learn more, visit [allybank.com](http://allybank.com). Ally Bank, Member FDIC.

## Don't Want to Mail Your Payment? We have Options:

- Automatic Payments** – Allows your payment to be conveniently transferred from your checking or savings account to Ally, at no cost to you. Please visit [ally.com/auto](http://ally.com/auto) for more information.
- Online Payments and Billing Statements** – Register for Ally Online Services at [ally.com/auto](http://ally.com/auto), add your account, then schedule one-time payments at your convenience or go green with e-statements, at no cost to you.
- Payments by phone or payments online by debit cards** – To hear available options call 888-925-2559. A third party service provider fee may apply.

**Contact Information:** You can reach us by visiting [ally.com/auto](http://ally.com/auto) or call us at 888-925-ALLY(2559)

Do not send cash or post-dated checks. All checks will be processed upon receipt. Make checks payable to ALLY.  
Return the portion below with your payment to the Payment Processing Center address below.

0000-0000



PO BOX 380902  
BLOOMINGTON MN 55438-0902



DUE DATE: 06/10/17  
ACCOUNT NUMBER: [REDACTED]  
STATEMENT TOTAL: \$411.23  
TOTAL AMOUNT PAID: \$ \_\_\_\_\_

PAYMENT PROCESSING CENTER  
PO BOX 9001951  
LOUISVILLE KY 40290-1951



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# ALTERNATIVES TO ABORTION PROGRAM

Assistance Request

*This form is to be completed by an NFN Nurse ONLY and must be completed entirely for timely approval and submission.*

DATE: 5 / 15 / 17 CLIENT NAME: [REDACTED]

The above named client is requesting assistance through NFN's AIA Program for the following:

     Rent

(if new request, a W-9 and Lease MUST accompany this form)

     Utility

(if Ameren, provide account number and account holder's name; if Laclede, provide bill)

X Transportation

(if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)

     Other

(Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)

Payment Process Center

Landlord/Utility/Other NAME: Falcon's today townhome

BILL TOTAL: \$ 411 AMOUNT YOU ARE PAYING: \$      AMOUNT REQUESTED: \$ 411

Acct. # [REDACTED]

OTHER RESOURCES (must list at least three):

1. 211 Agency Representative:
2.      Agency Representative:
3.      Agency Representative:

Payment Process center PO BOX 9001951 Louisville, KY 40290

*I understand this is a one-time payment. This assistance is intended to assist you in the delivery of a healthy baby or in keeping your child on target developmentally. I have completed a Budget Form and Individualized Pregnancy Continuation Plan (IPCP) with my nurse in order to ensure my ability to pay this bill in the future.*

(client signature)

(date)

Jenny Hecht

(RN signature)

5-15-17

(date)

IPCP Completed/Submitted:      (initial)

Budget Form Completed:      (initial)

Date Received:      Date Pledged/Submitted for Payment: